

(Complete four copies)

Lapsed Appropriation Form

IN THE COURT OF CLAIMS, STATE OF ILLINOIS

)			
- Claimant	_ '			
vs.)			
Respondent, STATE OF ILLINOIS)))			
Claimant seeks from Responder	nt payment in the sur	m of \$	for	(Services or Materials)
	. 1			
rendered as stated on the attache				
of $\$, and has	, and has made demand for same from(Department, Board, C			of the State of Illinois
			_	
and such demand was refused on the grounds that funds appropriate for such payments have lapsed.			(Services or Materials)	
Claimant further states that the or that his/her Social Security N				.) is:
			(Claiman	t's Signature)
Claimant			Claimant's Attorney	
Street Address		OR —	Street Address	
City	State		City	State
ZIP	County		ZIP	County
Telephone Number			Telephone Number	

The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 705 ILCS 505/1 et. seq. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being process.

Procedures for Filing Lapsed Claims

- 1. Collate the original complaint form, along with any itemized bills, invoices or other material that substantiate your claim. Make three additional copies of the complaint form and attach the supporting documentation to each one of the complaint forms (the original and three copies of each document) and mail to the Illinois Court of Claims.
- 2. Be sure to include Claimant's Social Security number/FEIN.
- 3. Be sure the application is filled out completely.